

**DNR USE**

Cert. No. \_\_\_\_\_  
Date \_\_\_\_\_  
Exam No. \_\_\_\_\_  
\_\_\_\_\_



**IOWA DEPARTMENT OF NATURAL RESOURCES**  
**Wallace State Office Building**  
**502 East 9<sup>th</sup> Street**  
**Des Moines IA 50319-0034**  
**515/281-5918**

## **SOLID WASTE OPERATOR CERTIFICATION EXAMINATION APPLICATION**

<b>Print or Type</b>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____		_____
<b>Social Security Number</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name or Initial</b>
_____		_____	_____
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____		_____	_____
<b>Area Code/Phone Number (Days)</b>	<b>Area Code/Phone Number (Evenings)</b>	<b>County No.</b>	<b>Region No.</b>
_____		_____	_____

### **GENERAL INSTRUCTIONS**

**Please read and follow all directions carefully. Please complete all sections fully and accurately, using typewriter or pen. An incomplete application will be returned without being processed. When contacting this department, please always use the name that is indicated on this application and use your social security number.**

- A \$20 examination fee must be submitted with each application.
- Application and fee must be received a minimum of 30 days prior to the date you take the examination.
- The examination fee is good for one examination only.
- If you are eligible upon our receipt of your application form, the application will remain valid for one year from the date it was completed. If you are not eligible upon our receipt of your application and would not become eligible within one year, we will return your \$20 examination fee.
- If you fail the examination you may retake it a maximum of two times without completing another application form upon payment of the \$20 examination fee each time the examination is taken.
- This application may be used to apply for only one classification of examination. Separate applications must be completed for each type of examination you desire to take.
- Your eligibility to take this examination will be determined from the information you provide. Incomplete or illegible applications will cause delays or affect your eligibility adversely.

**MAKE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF NATURAL RESOURCES**

### **TYPE OF EXAMINATION**

This is an application for: (check one) ☐ **Sanitary Landfill** ☐ **Solid Waste Incinerator**

Have you previously taken an examination for this classification? ☐ **Yes** ☐ **No**

Date you plan to take examination: \_\_\_\_\_

### **READ BEFORE SIGNING**

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of: **IOWA DEPARTMENT OF NATURAL RESOURCES.**

SIGN HERE IN INK: \_\_\_\_\_ Date: \_\_\_\_\_

## PLACE OF EMPLOYMENT

Business Name			
Street Address			
City	State	Zip Code	Area Code/Phone Number
Current Position or Title			

# BASIC OPERATOR TRAINING COURSE

Course Title	Number of hours
School or Organization Offering Course	Dates

**Below for DNR use only.**

APPLICATION DATE

## EXAMINATION RESULTS

(1) \_\_\_\_\_ / \_\_\_\_\_  
Date Score  
\_\_\_\_\_ ☐ Pass  
Exam No.

(2) \_\_\_\_\_ / \_\_\_\_\_  
Date Score  
\_\_\_\_\_ ☐ Pass  
Exam No.

(3) \_\_\_\_\_ / \_\_\_\_\_  
Date Score  
\_\_\_\_\_ ☐ Pass  
Exam No.

**NOTES:**

[illegible]